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REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS

Application Number	10/643,634				
Filing Date	8-18-03				
First Named Inventor	Lundqvist				
Art Unit					
Examiner Name		000			
Attorney Docket Number	48304-00017	של			

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To: Commissioner for Patents					8	CENTER	IBOE AL FA
P.O. Box 1450 Alexandria, VA 22313-1450				•		0.00	!コリ:
Please withdraw me as attorney or agent fo	r the above identifie	d patent a	pplication, an	d			
all the attorneys/agents of record.							
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NOTE: This box can only be checked practitioners associated with a c		allorney c	or record in the	e applicat	ion is to all the		
The reasons for this request are:							
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Firm or Individual Name Aviation Upgrade Te	echnologies, Inc.				C	_	
Address 6550 South Pecos F	Road, Suite 142				S	2005	17
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City Las Vegas	State	Nevad	а	T	Zip 89102		
Country	•	'					1
Telephone 707-450-0003	1		Fax	949-499	4424		1
Signature Wille		-]
Name Louis C. Cullman			Registration	100	,645		
Date 3/14/05			Telephone N		9-253-0900		ļ
NOTਓ; Withdrawat is effective when approved rather than whe date of a time period for response or possible extension period	n received. Unless there I. the request to withdraw	are at least is normally o	30 days between Usaporoved.	approvel of	withdrawel and the	expiration	

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the indMdust case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patern and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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	PATENT
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Serial No.:	
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Examiner:	
Group Art Unit:	
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

CERTIFICATE OF FACSIMILE TRANSMISSION

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I hereby certify that the following papers are being facsimile transmitted to the U.S. Patent and Trademark Office facsimile number (703)872-9306 on the date shown below.

- Request for Withdrawal as Attorney or Agent and Change of Correspondence Address (3 pgs.);
- 2. Attachment "A" (1 pg.)

The Commissioner is hereby authorized to charge or credit any amount due to Account No. 50-3702.

Date: March 15, 2005

Dulcie Donoso Fontt

Intellectual Property Legal Assistant

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Request to Withdraw as Attorney or Agent and Change of Correspondence Address

Attachment A

48304-99999

Client/Matter No.	Patent/Serial No.
48304-000023	10/468,502
48304-00005	6,629,454
48304-00017	10/643,634